

PART B - FEE(S) TRANSMITTAL

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 Commissioner for Patents
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28157 7590 12/01/2004

URSULA B. DAY, ESQ.
 350 FIFTH AVE.
 SUITE 3220
 NEW YORK, NY 10118

03/01/2005 DEMMANU2 00000100 10621900

01 FC:2501 700.00 OP
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URSULA B. DAY (Depositor's name)
 (Signature)
 February 24, 2005 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/621,900	07/17/2003	Richard A. Kopelle	KOPELLE	1486

TITLE OF INVENTION: THERAPY BUDDY

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$685	\$300	\$985	03/01/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
MILLER, BENA B	3714	446-320000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. URSULA B. DAY, Esq.

2. _____

3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

MY THERAPY BUDDY, INC.

Palm Springs, CA USA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
☐ Advance Order - # of Copies _____

4b. Payment of Fee(s):

- ☒ A check in the amount of the fee(s) is enclosed.
☐ Payment by credit card. Form PTO-2038 is attached.
☒ The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-1747 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

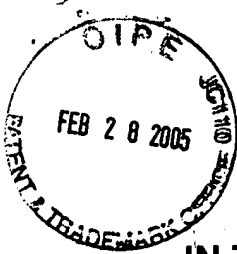
Date

Typed or printed name

Registration No.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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PATENT

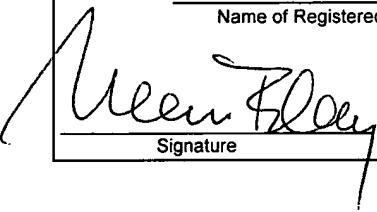
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Docket No.: KOPELLE

In re Application of:)
RICHARD A. KOPELLE)
Appl. No.: 10/621,900) Examiner: Miller, Bena B.
Filed: July 17, 2003) Group Art Unit: 3714
For: THERAPY BUDDY) Confirmation No: 1486

PAYMENT OF THE ISSUE FEE

Mail Stop Issue Fee
Commissioner for Patents
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I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450", on <u>February 24, 2005</u> (Date)	
<u>URSULA B. DAY</u> Name of Registered Representative	
 Signature	<u>Feb 24, 2005</u> Date of Signature

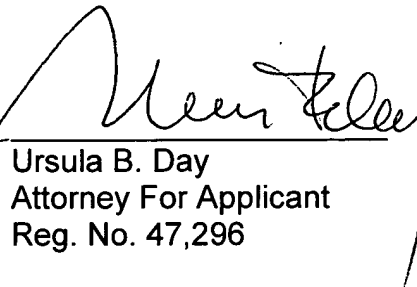
SIR:

With regard to the above-entitled application, please find enclosed the completed Issue Fee Transmittal Form PTOL 85.

A check in the amount of \$ 1,000.00 is enclosed to cover the issue fee of \$700.00 and the publication fee of \$300.00.

The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No.: 06-0502.

Respectfully submitted

By: 
Ursula B. Day
Attorney For Applicant
Reg. No. 47,296

Date: February 24, 2005
350 Fifth Avenue
Suite 4714
New York, N.Y. 10118
(212) 244-5500
UBD:ub